

Revised November 17, 2003 Includes revisions from public readings on November 5 and 12, 2003. Only ordinance was changed on November 17, 2003. Ordinance was adopted November 17, 2003. Manual revised 11-26-03

BOONE COUNTY

Attachment A

APPLICATION FOR VETERANS COUNTY BENEFITS

I. IDENTIFYING INFORMATION:

First Name	Middle	Last	Social Security Number	Date of Birth
Street Address	City	State	Zip Code	Phone Number

Type and Amount of County Benefits Requested (please state):

VETERANS STATUS: Yes _____ No _____ If yes, date of service: _____

Household Members:

Name	Relationship	Social Security Number	Birthdate

In the last three years, list the places you've resided. Begin with present address.

From Mo./Yr.	To Mo./Yr.	Street/City	County/State

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II. INCOME

Does anyone in your home receive any of the following income? Check "Yes" or "No" for each item. Complete the information line on items checked "Yes".

Source of Income	Circle One	Amount	How Often is Income Received?	Name or Names of Person(s) Receiving
FIP	YES NO			
Self Employment	YES NO			
Employment	YES NO			
Student Loan or Grant Training Allowance, JTPA	YES NO			
Unemployment	YES NO			
Worker's Comp.	YES NO			
Railroad Retirement	YES NO			
Social Security	YES NO			
Supplemental Security Income (SSI)	YES NO			
Veterans Benefits	YES NO			
Child Support or Alimony	YES NO			
Military Dependency Allotment or Allowance	YES NO			
Disability Insurance Payments	YES NO			
IPERS	YES NO			
Civil Service	YES NO			
Other Pension or Compensation	YES NO			
Money from other persons, gift, loans	YES NO			
Money from Interest Dividends	YES NO			
Room and/or Board	YES NO			
Commissions or Other Lump Sum Payments	YES NO			
Other (Explain)	YES NO			

EMPLOYMENT HISTORY: (Most Recent)

Person	Employer	Kind of Work	Date Began	Date Ended	Monthly Wages	Reason for Discontinuing

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III. RESOURCES

Does anyone in your home have any of the following resources? Circle "Yes" or "No" for each item.
Complete the information line for items checked "Yes".

			Amount	Location	Person(s)
Cash on Hand	YES	NO			
Checking Acct.	YES	NO			
Savings Account	YES	NO			
Stocks/Bonds	YES	NO			
Time Certificates	YES	NO			
Burial Contract/Plot	YES	NO			
Conservatorship/Trust	YES	NO			
Safety Deposit Box	YES	NO			

			Make/Year	Market Value	Amount Owed
Automobile(s)	YES	NO			
Truck(s) or Motorcycle(s)	YES	NO			
Snowmobile(s) or Boat(s)	YES	NO			
Mobile Home(s) or Camper(s)	YES	NO			
Other (Specify)	YES	NO			

Has anyone in your home received anything with cash value in the last two years (i.e., gifts, inheritance, winnings, settlements, etc.)? *Yes _____ No _____

*If yes, list item and cash value _____

IV. EXPENSES:

Do you own, or are you buying the home in which you are living? Yes _____ No _____

If you are buying, your monthly payment is \$ _____.

If you rent, your monthly rental payment is \$ _____.

Does anyone in your home own or are buying real estate other than your homestead? Yes _____ No _____

Current month's utilities (lights, gas, water, garbage): \$ _____

Current month's child care costs: \$ _____

Do you pay monthly child support? Yes _____ No _____ If so, how much? \$ _____

IV. MISCELLANEOUS INFORMATION:

Does anyone in your home have any of the following?

Life Insurance of Burial Benefits? *Yes _____ No _____ Health Insurance? *Yes _____ No _____

*If yes, list insurance company, address, policy number, and coverage: _____

If employed, does your employer offer health insurance? _____

If so, what is the cost and/or the waiting period? _____

Have you, your spouse, or dependent applied for all the benefits for which you might be eligible?

Yes _____ No _____

Are you an American Citizen? Yes _____ *No _____

*If no, are you a legal alien? Yes _____ No _____

Do you, your spouse, or dependent children have a serious disability? *Yes _____ No _____

If yes, please explain: _____

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I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. MY SIGNATURE BELOW ALSO GIVES PERMISSION TO THE BOONE VETERANS AFFAIRS COMMISSION TO SHARE ANY AND ALL INFORMATION REGARDING MY REQUEST FOR ASSISTANCE WITH: DEPARTMENT OF HUMAN SERVICES, EMPLOYERS, COMMUNITY ACTION CENTER, SALVATION ARMY, LANDLORDS, MORTGAGE COMPANIES, UTILITY COMPANIES, AND MEDICAL PROVIDERS. THIS IS FOR THE PURPOSE OF DETERMINING INITIAL AND ONGOING ELIGIBILITY FOR VETERANS COUNTY BENEFITS. THIS SIGNATURE IS VALID FOR ONE YEAR FROM THE DATE OF SIGNATURE OR UNTIL SERVICES ARE TERMINATED. I UNDERSTAND I MAY REVOKE THIS STATEMENT AT ANY TIME BY WRITTEN NOTIFICATION TO THE BOONE AFFAIRS PROGRAM.

Signature of Applicant (or Legal Guardian)

Date

The answers from information that you provide on this application gives us the facts we need in order to decide if you are eligible for Veterans County Benefits. If any false statements are made regarding your income and/or resources or your current situation, your application for Veterans County Benefits may be denied. You may be required to sign an Authorization for Release of Information in order that further verification of information may be made.

PROHIBITION AGAINST DISCRIMINATION

We will consider this application without regard to race, color, sex, age, handicap, religion, national origin, or political beliefs.

RIGHT OF APPEAL

If you are not satisfied with the action of this office, you may appeal to the Boone Veterans Affairs Commission, 900 W. 3rd Street, Boone, Iowa. You may further appeal the decision of the Veterans Affairs Commission to the Boone County Board of Supervisors.

ITEMS YOU NEED TO BRING WITH YOU:

- * Verification of income for all members of the household. Pay stubs for the past 30 days. If self employed, bring home records or most recent Income Tax Return.
- * If requesting rent assistance, bring landlord's name, address, social security number, and eviction notice (if applicable).
- * If requesting assistance with utilities, bring **COMPLETE** utility bill.
- * Doctor's statement that you are unable to work if you are considered disabled.
- * Verification from Job Service that all members who are required to register for work have done so.
- * **IF YOU CANNOT KEEP YOUR APPOINTMENT, PLEASE LET US KNOW IN ADVANCE.**